l.				R DESIGN PATENT	1	NEY'S DOCKET	
APPI	LICATION WITE	I POWER (	OF ATTORNEY	(		nes Inventor: Robert ARMOUR	
() Decla	ration submitted with initial f	iling or			Comple App No	ete if known:	
(X)Decl	aration submitted after initial	filing (surcharge r	required 37CFR1.16(e))				
					Filing 1	Date	
					Group	Art Unit:	
	As below named	l inventor. I here	eby declare that:				
	My residence, post office	address and citiz	zenship are as stated bel	ow next to my name.			
P Receipt	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
	СОМРО	UNDS USEFUL	IN THE TREATMEN	T OF INFLAMMATORY DIS	SEASES		
Pund Pund	the specification of which	n (check only one	e item below):				
ang geng geng gene geng geng geng geng g	[ ]is attached hereto. OR						
i;	[x] was filed on 16 DEG	<b>CEMBER 1999</b>	as United States applica	ation Serial No.	or <b>PCT</b> Is	nternational	
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I hereby state that I have as amended by any amen			the above-identified specification	n, includi	ng the claims,	
; ···	I acknowledge the duty to	o disclose inform	nation which is material	to patentability as defined in 37 (	CFR §1.50	5.	
	I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:						
	FOREIGN AND ANY P						
Prior	Foreign Application Number (s)	(	Country	Foreign Filing Date (MM/DD/YYYY))		PRIORITY CLAIMED	
1. 9828			GB	12/18/1998		X	
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I hereby	claim the benefit under T	itle 35, United St	tates Code §119(e) of an	y United States provisional appli	ication(s)	listed below:	
	Application No.			e (MM/DD/YYYY)			
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## **COMBINED DECLARATION FOR UTILITY or DESIGN** PATENT APPLICATION WITH POWER OF ATTORNEY Continued

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RESIDENCE &

CITIZENSHIP

POST OFFICE

**ADDRESS** 

CITY

Cambridge

POST OFFICE ADDRESS

Five Moore Drive, PO Box 13398

GlaxoSmithKline

ATTORNEY'S DOCKET NUMBER PG3612USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States

	is material to pater	al application in the manner pro ntability as defined in 37 C.F.R filing date of this application:	ovided by the fir	st paragraph of	35 U.S.C. 8112 Laci	knowledge the duty to di	sclose information which n(s) and the national or
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POWER	R OF ATTORNEY:	As a named inventor, I hereby	appoint the follo	wing attorney(s	) and/or agent(s) to pr	rosecute this application	and transact all business i
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(10)	vid J. Levy	Reg. No. 27,655	James 1	P. Riek	Reg. No. 39,009	Bonnie L. Deppenb	rock Reg. No28,209
	arles E. Dadswell	Reg. No. 35,851	_	a C. Bennett	Reg. No. 37,092		z Reg. No. 37,380
	ren L. Prus	Reg. No. 39,337		.Grassler	Reg. No. 31,164	Amy H. Fix Reg. N	
	bert H. Brink zabeth Selby	Reg. No. 36.094		pher P. Rogers	Reg. No. 36,334	_	
	zabeth Selby	Reg. No. 38,298	Lorie A	nn Morgan	Reg. No. 38,181		
	correspondence to	:				Direct Telephone C	alls to:
JQ.	David J. Levy, Pat	tent Counsel	i		(E)     <b>                </b>		
.u.l		tual Property Department		2334	.7		E. Dadswell
Ü	GlaxoSmithKline	DO B 12200	_			919.	-483-6983
ŲT.	Five Moore Drive, Research Triangle		P	ATENT TRADEMA	RK OFFICE .		
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	i neleby declare	that all statements made	herein of my	own knowle	edge are true and	that all statements n	nade on information
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	statements and t	the like so made are punis	shable by fine	or imprison	ment, or both, un	der 18 U.S.C. 1001	and that such
12.12	willful false stat	tements may jeopardize th	ne validity of	the application	on or any patent i	ssuing thereon.	
	FULL NAME	FAMILY NAME		IRST GIVEN NAM		SECOND GIVEN NAME	CONTRAL
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1	ADDRESS	Discovery Chemistry		Sandwich		Kent CT13 9NJ	
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		Ramsgate Road	-				
	FULL NAME	FAMILY NAME		FIRST GIVEN N	AME	SECOND GIVEN NAME	/INITIAL
2	OF INVENTOR	BROWN Signature		David			
	INVENTOR'S SIGNATURE	X Signature				Date X	
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	CITIZENSHIP	Welwyn Garden City		GB	-	GB	
	POST OFFICE	POST OFFICE ADDRESS		CITY		STATE & ZIP CODE/CO	
2	ADDRESS	Roche Products Limite	ed	Welwyn G	arden City	Hertfordshire A	AL7 3AY, GB
		Broadwater Road		<u> </u>			
٠, ١	FULL NAME	FAMILY NAME		IRST GIVEN NAMI	2	SECOND GIVEN NAME	/INITIAL
2	OF INVENTOR	CONGREAVE	N	<u> Iiles</u>		Stuart	
	INVENTOR'S SIGNATURE	Signature X				Date	
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STATE OR FOREIGN COUNTRY

Research Triangle Park

GB

COUNTRY OF CITIZENSHIP

STATE & ZIP CODE/COUNTRY

NC 27709, US

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## COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PG3612USW

ENI APPLICATION WITH POWER OF ATTORNEY Continued

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

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			y appoint the following attorney(s (List name and registration numb		osecute this application	and transact all busines	
ic 0.5. i	atent and Trademark	Office connected therewith.	(Elst hame and registration humb	,c1)			
Dav	rid J. Levy	Reg. No. 27,655	James P. Riek	Reg. No. 39,009	Bonnie L. Deppenb	rock Reg. No. 28,209	
	rles E. Dadswell	Reg. No. 35,851	Virginia C. Bennett	Reg. No. 37,092	John L. Lemanowic	z Reg. No. 37,380	
Kar	en L. Prus	Reg. No. 39,337	Frank P.Grassler	Reg. No. 31,164	Amy H. Fix Reg. N	lo. 42,616	
Rol	ert H. Brink	Reg. No. 36,094	Christopher P. Rogers	Reg. No. 36,334			
Eliz	ert H. Brink abeth Selby	Reg. No. 38,298	Lorie Ann Morgan	Reg. No. 38,181			
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enu C	orrespondence to David J. Levy, Pat		] ] <b>] [] ] ] ] ] ] ] ] ] ] ] ] ] ] ] ] ]</b>	)	Direct Telepholie C	ans W.	
		tual Property Department		)	Charles	E. Dadswell	
	GlaxoSmithKline		233		919-483-6983		
14 14	Five Moore Drive,			- •			
la I	Research Triangle		PATENT TRADEN		1		
# <del></del>	I hereby declare	that all statements mad	de herein of my own knowle	edge are true and t	hat all statements m	ade on information	
	and belief are b	elieved to be true; and t	further that these statements	were made with the	he knowledge that v	willful false	
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	willful false star	tements may jeopardize	the validity of the applicati	on or any patent is		and that such	
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Fr Carl Late Late Late	willful false state  FULL NAME  OF INVENTOR  INVENTOR'S  SIGNATURE	FAMILY NAME ARMOUR Signature X CITY	the validity of the applicati	on or any patent is	SECOND GIVEN NAME Robert  Date X  COUNTRY OF CITIZES	ZINITIAL NSHIP	
Fr Carl Late	willful false state  FULL NAME  OF INVENTOR  INVENTOR'S  SIGNATURE  RESIDENCE &  CITIZENSHIP	FAMILY NAME ARMOUR Signature X CITY Sandwich	FIRST GIVEN NAM Duncan  STATE OR FOI GB	on or any patent is	SECOND GIVEN NAME Robert  Date X  COUNTRY OF CITIZER GB	ZINITIAL NSHIP DUNTRY	
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## COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PG3612USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

			STATUS (Check one)
U.S. Parent Application of Number	or PCT Parent	Parent Filing Date PATE (MM/DD/YYYY)	PENDING ABANDONE
WER OF ATTORNEY:	As a named inventor, I hereby ap	ppoint the following attorney(s) and/or agent	(s) to prosecute this application and transact all busi
David J. Levy Charles E. Dadswell Karen L. Prus Robert H. Brink Elizabeth Selby	Reg. No. 27,655 Reg. No. 35,851 Reg. No. 39,337 Reg. No. 36,094 Reg. No. 38,298	James P. Riek Reg. No. 39 Virginia C. Bennett Reg. No. 35 Frank P.Grassler Reg. No. 36 Christopher P. Rogers Reg. No. 36 Lorie Ann Morgan Reg. No. 38	7,092 John L. Lemanowicz Reg. No. 37,38 ,164 Amy H. Fix Reg. No. 42,616 5,334
nd Correspondence to:     David J. Levy, Patent Counsel     Corporate Intellectual Property Department     GlaxoSmithKline     Five Moore Drive, PO Box 13398     Research Triangle Park, NC 27709  I hereby declare that all statements made h and belief are believed to be true; and furt		23347 PATENT TRADEMARK OFFICE	Direct Telephone Calls to:  Charles E. Dadswell 919-483-6983
statements and	the like so made are punish tements may jeopardize the	her that these statements were made	e and that all statements made on informat with the knowledge that willful false th, under 18 U.S.C. 1001, and that such atent issuing thereon.
OUTIVATION	LARMOUR		SECOND GIVEN NAME/INITIAL
INVENTOR'S SIGNATURE RESIDENCE &	ARMOUR Signature X CITY Sondwich	Duncan  STATE OR FOREIGN COUNTR	Robert  Date X  COUNTRY OF CITIZENSHIP
SIGNATURE	Signature X	STATE OR FOREIGN COUNTR GB CITY Sandwich	Robert Date X
RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR	Signature X  CITY Sandwich  POST OFFICE ADDRESS  Discovery Chemistry  IPC 924, Pfizer Limited  Ramsgate Road  FAMILY NAME  BROWN	STATE OR FOREIGN COUNTR GB CITY Sandwich	Robert  Date X  Y COUNTRY OF CITIZENSHIP GB  STATE & ZIP CODE/COUNTRY Kent CT13 9NJ GB  SECOND GIVEN NAME/INITIAL
RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  FULL NAME	Signature X  CITY Sandwich  POST OFFICE ADDRESS Discovery Chemistry IPC 924, Pfizer Limited Ramsgate Road  FAMILY NAME BROWN  Signature X  CITY Welwyn Garden City	STATE OR FOREIGN COUNTR GB CITY Sandwich FIRST GIVEN NAME	Robert  Date X  COUNTRY OF CITIZENSHIP GB  STATE & ZIP CODE/COUNTRY  Kent CT13 9NJ GB
RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE &	Signature X  CITY Sandwich  POST OFFICE ADDRESS Discovery Chemistry IPC 924, Pfizer Limited Ramsgate Road  FAMILY NAME BROWN  Signature X	STATE OR FOREIGN COUNTR GB CITY Sandwich  FIRST GIVEN NAME David  STATE OR FOREIGN COUNTRY GB	Robert  Date X  Y COUNTRY OF CITIZENSHIP GB  STATE & ZIP CODE/COUNTRY Kent CT13 9NJ GB  SECOND GIVEN NAME/INITIAL  Date X  COUNTRY OF CITIZENSHIP GB  STATE & ZIP CODE/COUNTRY
FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  OF INVENTOR	Signature X  CITY Sandwich  POST OFFICE ADDRESS  Discovery Chemistry  IPC 924, Pfizer Limited Ramsgate Road  FAMILY NAME  BROWN  Signature X  CITY  Welwyn Garden City  POST OFFICE ADDRESS  Roche Products Limited Broadwater Road  FAMILY NAME  CONGRESIVE	STATE OR FOREIGN COUNTR GB CITY Sandwich  FIRST GIVEN NAME David  STATE OR FOREIGN COUNTRY GB CITY	Robert  Date X  COUNTRY OF CITIZENSHIP GB  STATE & ZIP CODE/COUNTRY Kent CT13 9NJ GB  SECOND GIVEN NAME/INITIAL  Date X  COUNTRY OF CITIZENSHIP GB  STATE & ZIP CODE/COUNTRY Hertfordshire AL7 3AY, GB
FULL NAME OF INVENTOR INVENTORS  RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	Signature X  CITY Sandwich  POST OFFICE ADDRESS  Discovery Chemistry  IPC 924, Pfizer Limited Ramsgate Road  FAMILY NAME  BROWN  Signature  X  CITY  Welwyn Garden City  POST OFFICE ADDRESS  Roche Products Limited Broadwater Road	STATE OR FOREIGN COUNTR GB CITY Sandwich  FIRST GIVEN NAME David  STATE OR FOREIGN COUNTRY GB CITY Welwyn Garden City FIRST GIVEN NAME	Robert  Date X  COUNTRY OF CITIZENSHIP GB  STATE & ZIP CODE/COUNTRY Kent CT13 9NJ GB  SECOND GIVEN NAME/INITIAL  Date X  COUNTRY OF CITIZENSHIP GB  STATE & ZIP CODE/COUNTRY Hertfordshire AL7 3AY, GB

FULL NAME	ICATION WITH POW	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
OF INVENTOR	GORE AN	Paul	Martin
INVENTOR'S	Signature X		Date A A
SIGNATURE	CITY	Low-	
RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY  GB	COUNTRY OF CITIZENSHIP
POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
	Five Moore Drive, PO Box 13398		
FULL NAME OF INVENTOR	FAMILY NAME  GREEN	FIRST GIVEN NAME  Darren	SECOND GIVEN NAME/INITIAL
INVENTOR'S	Signature	Darren	Victor, Steven
SIGNATURE	x		x
RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
CITIZENSHIP	Stevenage POST OFFICE ADDRESS	GB CITY	GB
POST OFFICE ADDRESS	GlaxoSmithKline	Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
110011200	Five Moore Drive, PO Box 13398	I I I I I I I I I I I I I I I I I	110 21105, 00
FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
OF INVENTOR	HOLMAN	Stuart	
INVENTOR'S	Signature X		Date X
SIGNATURE RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
CITIZENSHIP	Stevenage	GB	GB
POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
	Five Moore Drive, PO Box 13398		
FULL NAME	FAMILY NAME  JACK	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
OF INVENTOR INVENTOR'S	JACK Signature	Torquil	Iain, Maclean
SIGNATURE	X		X
RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
CITIZENSHIP	Stevenage	GB	GB
POST OFFICE	POST OFFICE ADDRESS GlaxoSmithKline	Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
ADDRESS	Five Moore Drive, PO Box 13398	Acseaten Friangle Park	140 27709, 03
FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
OF INVENTOR	KEELING	Steven	Philip
INVENTOR'S	Signature X		Date X
SIGNATURE	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
RESIDENCE & CITIZENSHIP	Stevenage	GB	GB
POST OFFICE	POST OFFICE ADDRESS	СТТ	STATE & ZIP CODE/COUNTRY
ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
	Five Moore Drive, PO Box 13398		
FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
OF INVENTOR'S	MASON Signature	Andrew	McMurtrie  Date
SIGNATURE	X		X
RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
CITIZENSHIP	Stevenage	GB	GB
POST OFFICE	POST OFFICE ADDRESS	CITY Passarah Triangle Pauls	STATE & ZIP CODE/COUNTRY
ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
OF INVENTOR	MORRISS	Karen	
INVENTOR'S	Signature	-	Date
SIGNATURE	X		X
RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY  GB	COUNTRY OF CITIZENSHIP  GB
CITIZENSHIP POST OFFICE	Stevenage POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
	Five Moore Drive, PO Box 13398		,
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CON	ABINED DE	ECLARATION FOR UT	CILITY or DESIGN	ATTORNEY'S DOCKET NUMBER
	ENT APPL	ICATION WITH POW	ER OF ATTORNEY	
	FULL NAME	FAMILY NAME GORE	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR INVENTOR'S	Signature	Paul	Martin
]	SIGNATURE	X		x
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP POST OFFICE	Stevenage POST OFFICE ADDRESS	CITY	GB STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
5-0	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	GREEN	Darren	Victor, Steven
	SIGNATURE	x DUSGERS		X IT AUGUST 2001
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP POST OFFICE	Stevenage POST OFFICE ADDRESS	CITY	GB STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		,
	FULL NAME	FAMILY NAME HOLMAN	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR INVENTOR'S	Signature	Stuart	Date
	SIGNATURE	x		x
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP POST OFFICE	Stevenage POST OFFICE ADDRESS	GB ·	GB STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
ďħ		Five Moore Drive, PO Box 13398		,
2:	FULL NAME	FAMILY NAME  JACK	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
1,2	OF INVENTOR INVENTOR'S	JACK Signature	Torquil	Iain, Maclean
12	SIGNATURE	x		x
,0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
H	CITIZENSHIP POST OFFICE	Stevenage POST OFFICE ADDRESS	GB CITY	GB STATE & ZIP CODE/COUNTRY
	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
Time.		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME KEELING	FIRST GIVEN NAME Steven	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR INVENTOR'S	Signature	Steven	Philip Date
10 th	SIGNATURE	x		x
ĕĞ	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY  GB	COUNTRY OF CITIZENSHIP
	CITIZENSHIP POST OFFICE	Stevenage POST OFFICE ADDRESS	CITY	GB STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME MASON	FIRST GIVEN NAME Andrew	second given name/initial McMurtrie
_	INVENTOR'S	Signature		Date
	SIGNATURE	X		x
0	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY  GB	COUNTRY OF CITIZENSHIP  GB
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
9	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME MORRISS	FIRST GIVEN NAME  Karen	SECOND GIVEN NAME/INITIAL
-	INVENTOR'S	Signature		Date
	SIGNATURE	X		Х
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY  GB	COUNTRY OF CITIZENSHIP  GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
10	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398	ĺ	
				]
			<u> </u>	

		ECLARATION FOR UT		ATTORNEY'S DOCKET NUMBER PG3612USW
AT	ENT APPL	ICATION WITH POW	ER OF ATTORNEY	Continued
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GORE	Paul	Martin
	INVENTOR'S	Signature		Date
	SIGNATURE	X		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
	<u> </u>	Five Moore Drive, PO Box 13398	<u>-</u>	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GREEN	Darren	Victor, Steven
	INVENTOR'S	Signature		Date
	SIGNATURE	x		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
	l	Five Moore Drive, PO Box 13398		
~/ T	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
$\sum_{2}$	OF INVENTOR_	HOLMAN 3 1 0	Stuart	
	INVENTOR'S	Signature //4/		Date 2 nd Aug. 2001
	SIGNATURE	x S. /blum		Ix & Huy & ODI
0-	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP A Q
0	CITIZENSHIP	Stevenage	GB	
4	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
117		Five Moore Drive, PO Box 13398		ĺ
OR	) FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	JACK _	Torquil .	Iain, Maclean
ĮĮ.	INVENTOR'S	Signature		Date
2 1	SIGNATURE	Signature Yaryil Dain Mach	ean Jack	x 2nd August 2001
O.	RESIDENCE &	CITY	STATE-OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB GAY
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
1.1		Five Moore Drive, PO Box 13398	_	
in the	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	KEELING	Steven	Philip
∮∤ <b>₽</b> .:∞.	INVENTOR'S	Signature		Date
;; <del>\$</del>	SIGNATURE	x		X
.0:	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398	1	· 1
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MASON	Andrew	McMurtrie
	INVENTOR'S	Signature		Date
	SIGNATURE	X		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
9	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MORRISS	Karen	
ſ	INVENTOR'S	Signature		Date
	SIGNATURE	X		Х
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
- 1	CITIZENSHIP	Stevenage	GB	GB
[	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
10	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
ľ		Five Moore Drive, PO Box 13398	_	
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		ECLARATION FOR UT		ATTORNEY'S DOCKET NUMBER PG3612USW
PAI		ICATION WITH POW		Continued
2	FULL NAME OF INVENTOR	FAMILY NAME GORE	FIRST GIVEN NAME Paul	SECOND GIVEN NAME/INITIAL
-	INVENTOR'S	Signature	raui	Martin
	SIGNATURE	x		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	СІТУ	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
	FULL NAME	Five Moore Drive, PO Box 13398	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GREEN	Darren	Victor, Steven
	INVENTOR'S	Signature	24101	Date
	SIGNATURE	X		х
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP POST OFFICE	Stevenage POST OFFICE ADDRESS	GB CITY	GB
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
	112511265	Five Moore Drive, PO Box 13398	Research Triangle Laik	NC 21703, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	HOLMAN	Stuart	
	INVENTOR'S	Signature X		Date
۸.	SIGNATURE PERIDENCE &	CITY	CTATE OF FORMAL	X
0	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY  GB	COUNTRY OF CITIZENSHIP  GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
iii î		Five Moore Drive, PO Box 13398		
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	JACK	Torquil	Iain, Maclean
in it	INVENTOR'S SIGNATURE	Signature X		Date X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
:: :::::::::::::::::::::::::::::::::::	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
- 1 T	A FILL MAN	Five Moore Drive, PO Box 13398 FAMILY NAME		
8-20	FULL NAME OF INVENTOR	KEELING	FIRST GIVEN NAME Steven	SECOND GIVEN NAME/INITIAL Philip
	INVENTOR'S		Steven	
10.00	SIGNATURE	x S. T. Keelia	_	Date x 2nd August 2001
ΘÕ	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB GBX
8	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY
Ĭ	ADDICESS	Five Moore Drive, PO Box 13398	Mescaren Triangle Fark	NC 27709, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MASON	Andrew	McMurtrie
	INVENTOR'S	Signature X		Date
0	SIGNATURE PROPERTY OF A	CITY	CTATE OF PORPLAY COMME	X
v	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY  GB	COUNTRY OF CITIZENSHIP  GB
ì	POST OFFICE	POST OFFICE ADDRESS	СІТУ	STATE & ZIP CODE/COUNTRY
9	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		, , , ,
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR INVENTOR'S	MORRISS Signature	Karen	
ļ	SIGNATURE	X Signature		Date X
0	RESIDENCE &	СІТҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
Į	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
10	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		

CO	MBINED DI	ECLARATION FOR U	TILITY or DESIGN	ATTORNEY'S DOCKET NUMBER
	TENT APPL	ICATION WITH POW	ER OF ATTORNEY	PG3612USW Continued
2	FULL NAME OF INVENTOR	FAMILY NAME GORE	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	INVENTOR'S	Signature	Paul	Martin Date
	SIGNATURE	x		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE	Stevenage POST OFFICE ADDRESS	GB	GB
4	ADDRESS	GlaxoSmithKline	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY
	123.233	Five Moore Drive, PO Box 13398	Research Triangle Fair	NC 27709, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GREEN	Darren	Victor, Steven
	INVENTOR'S SIGNATURE	Signature X		Date X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
_	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
	FULL NAME	Five Moore Drive, PO Box 13398	FIRST GIVEN NAME	
2	OF INVENTOR	HOLMAN	Stuart	SECOND GIVEN NAME/INITIAL
	INVENTOR'S	Signature X		Date
.:0=	SIGNATURE PESIDENCE &	CITY	T	X
0	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY  GB	COUNTRY OF CITIZENSHIP
Paris de	POST OFFICE	POST OFFICE ADDRESS	CITY	GB STATE & ZIP CODE/COUNTRY
16 <sup>†</sup>	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME JACK	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
112	INVENTOR'S	Signature	Torquil	Iain, Maclean
	SIGNATURE	l x°		X X
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
# <b>.</b>	CITIZENSHIP POST OFFICE	Stevenage POST OFFICE ADDRESS	GB	GB
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
		Five Moore Drive, PO Box 13398	research Triangle Laik	NC 27709, US
1	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	KEELING Signature	Steven	Philip
	INVENTOR'S SIGNATURE	X X		Date X
ō	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
8	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
0	ADDRESS	Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
1-1	) FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MASON	Andrew	McMurtrie
	INVENTOR'S	Signature Andrew Mass		Data
0	SIGNATURE RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	x 3 Huz 2001.
	CITIZENSHIP	Stevenage	GB	GB COUNTRY OF CITIZENSHIP
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
9	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
	FULL NAME	Five Moore Drive, PO Box 13398 FAMILY NAME		
2	OF INVENTOR	MORRISS	FIRST GIVEN NAME  Karen	SECOND GIVEN NAME/INITIAL
	INVENTOR'S	Signature	Ataiti	Date
	SIGNATURE	X		x
0	RESIDENCE &	CITY Stevenage	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
10	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
	ľ	Five Moore Drive, PO Box 13398		1.0 2,700,00
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COM	COMBINED DECLARATION FOR UTILITY or DESIGN  ATTORNEYS DOCKET NUMBER PG3612USW					
	PATENT APPLICATION WITH POWER OF ATTORNEY Continued					
2	FULL NAME OF INVENTOR	FAMILY NAME GORE	FIRST GIVEN NAME Paul	Mar	D GIVEN NAME/INITIAL	
Ĩ	INVENTOR'S	Signature		Date		
	SIGNATURE	X CITY	STATE OR FOREIGN COUNTRY	X	RY OF CITIZENSHIP	
0	RESIDENCE & CITIZENSHIP	Stevenage	GB	GB	KI OF CITIZZASIII	
	POST OFFICE	POST OFFICE ADDRESS	СПУ		& ZIP CODE/COUNTRY	
4	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 2	27709, US	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECON	D GIVEN NAME/INITIAL	
2	OF INVENTOR	GREEN	Darren		or, Steven	
	INVENTOR'S SIGNATURE	Signature X		Date X		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	1	RY OF CITIZENSHIP	
	CITIZENSHIP	Stevenage POST OFFICE ADDRESS	CITY	GB	& ZIP CODE/COUNTRY	
5	POST OFFICE ADDRESS	GlaxoSmithKline	Research Triangle Park		27709, US	
		Five Moore Drive, PO Box 13398		<u>i                                     </u>		
	FULL NAME	PAMILY NAME HOLMAN	FIRST GIVEN NAME Stuart	SECON	D GIVEN NAME/INITIAL	
2	OF INVENTOR INVENTOR'S	Signature	Stuart	Date		
i'al	SIGNATURE	x		×		
95	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY  GB	GB	RY OF CITIZENSHIP	
	POST OFFICE	POST OFFICE ADDRESS	CITY		& ZIP CODE/COUNTRY	
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 2	27709, US	
	THE NAME	Five Moore Drive, PO Box 13398  FAMILY NAME	FIRST GIVEN NAME	SECON	D GIVEN NAME/INITIAL	
2	FULL NAME OF INVENTOR	JACK	Torquil		Maclean	
	INVENTOR'S	Signature X		Date X		
0	SIGNATURE RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY		RY OF CITIZENSHIP	
	CITIZENSHIP	Stevenage	GB	GB		
	POST OFFICE	POST OFFICE ADDRESS GlaxoSmithKline	CITY Research Triangle Park		a zip code/country 27709, US	
7	ADDRESS	Five Moore Drive, PO Box 13398	Research Triangle Fack	I NC	27703, 83	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME		D GIVEN NAME/INITIAL	
2,5	OF INVENTOR	KEELING Signature	Steven	Phili	p	
l <sub>o</sub> .L	INVENTOR'S SIGNATURE	X		X		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY		RY OF CITIZENSHIP	
ļ	CITIZENSHIP POST OFFICE	Stevenage POST OFFICE ADDRESS	GB crry	GB STATE	& ZIP CODE/COUNTRY	
8	ADDRESS	GlaxoSmithKline	Research Triangle Park		27709, US	
<u> </u>		Five Moore Drive, PO Box 13398				
2	FULL NAME OF INVENTOR	FAMILY NAME MASON	FIRST GIVEN NAME Andrew	1	d given name/initial Iurtrie	
] ~	INVENTOR'S	Signature		Date		
0	SIGNATURE DESIDENCE A	CITY	STATE OR FOREIGN COUNTRY	COUNT	RY OF CITIZENSHIP	
ľ	RESIDENCE & CITIZENSHIP	Stevenage	GB	GB		
	POST OFFICE	POST OFFICE ADDRESS	CITY		& ZIP CODE/COUNTRY	
9	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 2	27709, US	
17)-1	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECON	D GIVEN NAME/INITIAL	
	OF INVENTOR	MORRISS	Karen	1	<del></del>	
	INVENTOR'S SIGNATURE	signature Karen Morriss		X X	2/8/2001	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNT	RY OF CITIZENSHIP	
1	CITIZENSHIP	Stevenage POST OFFICE ADDRESS	CITY	GB	& ZIP CODE/COUNTRY	
10	POST OFFICE ADDRESS	GlaxoSmithKline	Research Triangle Park		27709, US	
		Five Moore Drive, PO Box 13398	<b>9</b> -1		•	
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I COM	IRINED DE	CLARATION FOR UT	ILITY or DESIGN PA	TENT ATTORNEY'S DOCKET NUMBER PG3612USW			
APPI	APPLICATION WITH POWER OF ATTORNEY Continued						
11-00	FULL NAME OF INVENTOR	FAMILY NAME RAMSDEN	FIRST GIVEN NAME Nigel	SECOND GIVEN NAME/INITIAL  Grahame			
	INVENTOR'S SIGNATURE	x Signature MULCAU		Date X 6 Aug 2007.			
0	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY  GB	GB GB			
11	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US			
2	FULL NAME OF INVENTOR	FAMILY NAME WARD	FIRST GIVEN NAME Peter	SECOND GIVEN NAME/INITIAL			
	INVENTOR'S SIGNATURE	Signature X		Date X			
0	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY  GB	COUNTRY OF CITIZENSHIP  GB			
12	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US			

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1	COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued  ATTORNEY'S DOCKET NUMBER PG3612USW PG3612USW						
2	FULL NAME OF INVENTOR	FAMILY NAME RAMSDEN	FIRST GIVEN NAME Nigel	SECOND GIVEN NAME/INITIAL  Grahame			
	INVENTOR'S	Signature	1 rugei	Date Y			
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP			
	CITIZENSHIP POST OFFICE	Stevenage POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY			
11	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US			
12-02	FULL NAME OF INVENTOR	FAMILY NAME WARD	FIRST GIVEN NAME Peter _	SECOND GIVEN NAME/INITIAL			
	INVENTOR'S SIGNATURE	Signature VIW and		Date 3 August 2001			
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY  GB	GB COUNTRY OF CITIZENSHIP			
12	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US			
		Five Moore Drive, PO Box 13398					